

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Orla</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>110</u>	
District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>292</u>	
Town of <u>Miami</u>		Local Registrar No. <u></u>	
or			
City of <u></u>	No. <u></u> St. <u></u> Ward <u></u>		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Antonio Garcia</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>4</u>	5. No., in order of birth <u>4</u>
6. Legitimate? <u>yes</u>		7. Date of birth <u>April 1-1923</u>	(Month, day, year)
8. Full name FATHER <u>Eulario Garcia</u>		14. Full maiden name MOTHER <u>Feliza Lomali</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u>		15. Residence (Usual place of abode) <u>Miami, Ariz.</u>	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>31</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Zacatecas</u>	(State or country) <u>Mex</u>	18. Birthplace (city or place) <u>Jalisco</u>	(State or country) <u>Mex</u>
13. Occupation <u>miner</u>	Nature of Industry	19. Occupation <u>Housewife</u>	Nature of Industry
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) <u>4</u>			
(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u></u> (c) Stillborn <u></u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>2:30</u> p.m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			
Signature <u>E. M. Crow M.D.</u>		(Physician or midwife)	
Address <u>Miami - Ariz.</u>			
Given name added from a supplemental report <u>171-401-639</u>		(Month, day, year)	
Registrar.		Filed <u>May 4</u> , 19 <u>23</u>	
		Filed <u>6/6</u> , 19 <u>23</u>	
		Local Registrar. <u>C. E. Swin</u>	
		County Registrar. <u>O. S. Gray</u>	